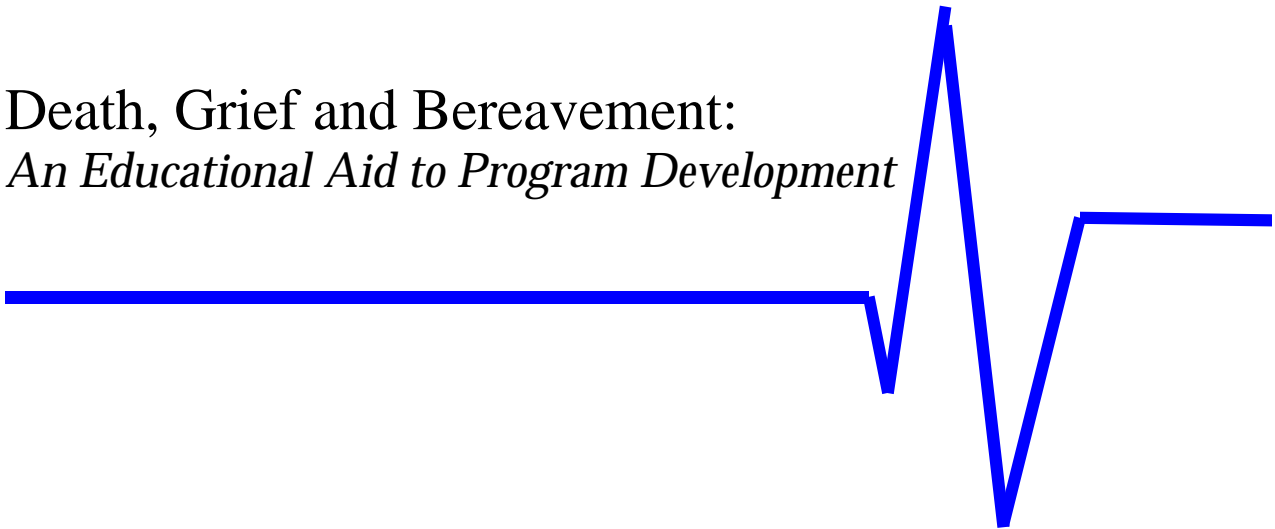


Positive Reinforcement of Values – Naval Service

PROV – NS

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Death, Grief and Bereavement:
An Educational Aid to Program Development



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THE STAGES OF GRIEF

Additional guidance on grief, loss and bereavement can be found in [PROV-NS, Suicide Prevention Strategies](#) located in a separate file on this webpage.

Referred to as stages, these elements can surface in any order and variation of intensity. The following discussion is a general overview of what the mourner and those who provide supportive care can expect during the first year after death of a loved one. Hopefully, the grief will be “good grief.”

Shock and denial. “This can’t be happening.” “You’re wrong.” “This must be some mistake.” “This isn’t real.” This is an emotional concussion. Mourners may experience themselves in a daze.

Anger. “It isn’t fair.” “Why me?” The reality is sinking in and the mourner fights this reality.

Depression. Anger usually becomes a numbing depression. Emotions seem to go flat; a zoned out sense of self takes over. “Why bother. . .?” “I don’t care. . .” In some ways this is another means of keeping the pain away.

Sadness. Unlike depression, sadness is strongly emotional. Saying goodbye is replete with sorrow. But it can take

different forms. Sadness that the loved one was never able to stop abusing alcohol thus not the parent the mourner had respected. Or, sadness that the loved one had other unfinished business which impacts the mourner. And, of course, sadness for loss of relationship and love and the comfort of companionship.

Hope. When good memories can be associated with the deceased hope has opportunity to take hold. The memories have potential to release the mourner to look forward. “Dad would be proud of his grandson.” “Mom would have wanted me to finish college.”

Acceptance. Associated with a quiet, calm interior self, acceptance puts life back into perspective. It doesn’t make everything right; the loss remains. But, the mourner is able to view a greater reality: “He lived a good life.” “She didn’t suffer at the end.” Depending upon the mourner’s religious tradition, beliefs about the afterlife are excellent healing. Chaplains are immensely helpful in discussions regarding beliefs about the afterlife.

Normal Grief	Clinical Depression
Responds to comfort and support	Does not accept support
Has temporary impact on self-esteem	Presents a deep loss of esteem
May have temporary physical complaints	Has chronic physical complaints
Can still experience moments of joy in life	Has a pervading sense of doom
Exhibits feelings of sadness and emptiness	Projects a sense of hopelessness/ chronic emptiness
Relates depressed feelings to specific instance	Does not relate feelings to a particular life event
Expresses guilt over some specific event	Has generalized feelings of guilt
Often openly angry	Irritable, complains without directly expressing anger


Adapted from “Death and Grief A Guide for Clergy” by Alan D. Wolfelt, Ph.D.

HELPING TASKS
Remember you cannot take away the pain from the bereaved.
Don't let your sense of helplessness keep you from reaching out to the griever.
Expect volatile reactions from the griever.
Recognize the value of just being there for the griever.
Try to view the loss from the griever's unique perspective
Show genuine care and concern.
Do not try to unrealistically "pretty up" the situation.
Plan the seeds of hope.
Give the griever some space but do not allow them to become isolated.
It's okay to mention the deceased. To remember a good story or something they accomplished.
Help the griever understand there is a process in managing grief.
Guide the griever to helping others who can assist in rebuilding perspectives on living.
If you sense the griever is 'stuck' in their grief, refer them to professional caregivers.
Remember that not everyone grieves in the same ways.
Capitalize on the griever's positive coping skills.
Encourage the griever to verbalize their feelings

ADDITIONAL SIGNIFICANT FEATURES OF GRIEF

Time distortion. The mourner often experiences a distorted sense of time. Time may seem to pass quickly on some occasions and move very slowly on others. The past and future may seem frozen in place. The normal experience is often a contributor to the "going crazy syndrome". Allowing the person to speak of memories of their loved one helps to free the mourner from the emotional investment of the past. This leaves emotional room to begin looking toward the future in more hopeful ways. The memories might become almost an obsession for a while but should begin to decline within days.

Search for meaning. The mourner works the death out in ways they can understand and accept. "Why him?" "Why now?" "Why this way?" are common questions. These questions are signs of the effort to tolerate the loss. As this search for meaning continues the caregiver's role is to be supportive in responding without attempting to offer answers. Mourners rarely find comfort in pat responses. These questions allow the mourner a chance to discover, sometimes recover, a belief in God that helps them put the loss into healthy perspective. Hopefully, they discover a more powerful and humane God than they had known before.

 **If you have any question at all re the emotional state of the mourner, refer them for professional help!**

"Is this death God's will?" - The subjective experience of the mourner is that God is punishing them for some past misdeed. It may also be a means to short circuit into denial; or, an attempt to avoid the pain of the loss. It is an attempt to put everything onto the authority, e.g., God knows best. These feelings are tantamount to building a theology of suffering and are best left to the experts. Recommended reading for mourners: WHEN BAD THINGS HAPPEN TO GOOD PEOPLE by Kushner. THE WILL OF GOD by Weatherhead

Suicidal thoughts. Suicidal thoughts can sometimes be a means of wanting to be rid of the pain and grief they are experiencing. These are normal feelings when they are brief. **However, if they persist and especially if they intensify, professional medical help should be sought immediately.**

Sudden changes in mood. Sudden mood changes are normal during the first months after the loss. Envision a huge wave hitting the beach. It wells up and then sweeps in and envelops the beach before it subsides back into the sea. Those who mourn can identify emotionally with this metaphor which can give them a roadmap of what to expect in their emotional life for a few months. This needs to occur in an understanding support system where people understand the context of those emotions.